

Case Number:	CM13-0056312		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2011
Decision Date:	03/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; interventional spine procedures; transfer of care to and from various providers in various specialties; attorney representation; and the apparent imposition of permanent work restrictions. In a utilization review report of November 19, 2013, the claims administrator modified a request to purchase two TENS units as a one-month trial rental of the said TENS unit. The applicant's attorney subsequently appealed. The claims administrator did note that no recent clinical progress notes were attached to the request for authorization. In an October 28, 2013, progress note, the applicant presented with low back pain radiating to the left leg. The applicant is not working. The applicant is retired. The applicant is on Norco and Lyrica. A TENS unit was requested for chronic pain purposes. The applicant was also given a handicap permit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS Unit QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS Page(.

Decision rationale: The Chronic Pain Guidelines indicate that a successful one-month trial of a TENS unit is considered a prerequisite to the purchase of the same. The guidelines suggest that a one-month trial rental, with subsequent successful outcomes in terms of pain relief and function is a prerequisite to purchase of the device. In this case, there is no evidence that a one-month trial was completed here. Therefore, the request remains non-certified, on independent medical review.